

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000123059

Entity Name: PAT MED CORP

**FILED**  
**Sep 06, 2006**  
**Secretary of State****Current Principal Place of Business:**2500 NW 79 AVE  
178  
MIAMI, FL 33122**New Principal Place of Business:****Current Mailing Address:**2500 NW 79 AVE  
178  
MIAMI, FL 33122**New Mailing Address:**

FEI Number: 56-2533123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**BETANCOURT LUCAS, MARCOS A  
2500 NW 79 AVE  
#178  
MIAMI, FL 33122 US**Name and Address of New Registered Agent:**RIVAS LUACE, SANTIAGO  
2500 NW 79 AVE  
#178  
MIAMI, FL 33122 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANTIAGO RIVAS LUACE

09/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PST ( ) Delete  
Name: BETANCOURT LUCAS, MARCOS A  
Address: 2500 NW 79 AVE  
City-St-Zip: MIAMI, FL 33122**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PST (X) Change ( ) Addition  
Name: RIVAS LUACE, SANTIAGO  
Address: 2500 NW 79 AVE  
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTIAGO RIVAS LUACE

P

09/06/2006

Electronic Signature of Signing Officer or Director

Date